

**ARIZONA BOARD OF ATHLETIC TRAINING**5060 North 19<sup>th</sup> Avenue, Suite 209

Phoenix, Arizona 85015

(602) 589-6337

FAX: (602) 589-8354

[www.athletictrainingboard.az.gov](http://www.athletictrainingboard.az.gov)**VERIFICATION OF LICENSURE STATUS**

INSTRUCTIONS FOR USE: Fill out the applicant portion of this form and send a copy to each State in which you are or have been licensed. Licensing agency or board – please return the completed form directly to the address listed above.

**TO BE COMPLETED BY APPLICANT**

Name:			Social Security Number	
License Number			Date Granted	
Other names used	Maiden		Also Known As – AKA	
Home address	Number/Street		City	State Zip code

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY LICENSING BOARD OR AGENCY.**

Licensee's License Number			Licensed as:	
Date issued			Date of Expiration	

License issued on bases of	Certification		Endorsement		Other	
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Has disciplinary action been taken?	YES	NO
Is there any disciplinary action pending?	YES	NO

Reason for disciplinary action	
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Completed by \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dated \_\_\_\_\_